

07-25-00

A

07/24/00

10662 U.S. PTO

Please type a plus sign (+) inside this box → ☐

Approved for use through 09/30/2000. OMB 0651-0001
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.	D4857-00006
	First Inventor or Application Identifier	Cathy Ilyse Hess
	Title	CLINICAL WOUND MANAGER AND METHOD
	Express Mail Label No.	EK307997385US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 26] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3] <small>(3 sets = 9 sheets)</small>	ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small><ul style="list-style-type: none">i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).		
8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>		
9. <input type="checkbox"/> English Translation Document (if applicable)		
10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
11. <input type="checkbox"/> Preliminary Amendment		
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>		
13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired <small>(PTO/SB/09-12)</small>		
14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>		
15. <input checked="" type="checkbox"/> Other: <u>Certificate of Express Mail</u>		

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No: _____ / _____
---------------------------------------	-------------------------------------	---	--

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	08933	or <input checked="" type="checkbox"/> Correspondence address below			
<small>(Insert Customer No. or Attach bar code label here)</small>					
Name	Samuel W. Apicelli, Esq. Duane, Morris & Heckscher LLP				
Address	305 North Front Street P.O. Box 1003				
City	Harrisburg	State	PA	Zip Code	17108-1003
Country	USA	Telephone	(717) 237-5516	Fax	(717) 232-4015

Name (Print/Type)	Samuel W. Apicelli, Esq.	Registration No. (Attorney/Agent)	36427
Signature	<i>Samuel W. Apicelli</i>	Date	July 24, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

+

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

jc879 U.S. PTD
09/626366
07/24/00

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Samuel W. Apicelli, Esq.	Registration No. (Attorney/Agent)	36427	Telephone	(717) 237-5516
Signature	Samuel W. Apicelli			Date	July 24, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of Cathy Ilyse Hess

Serial No.: Not yet known

Filing Date: Herewith

For: CLINICAL WOUND MANAGER AND METHOD

#5

LB

2-27-01

CERTIFICATE OF EXPRESS MAIL

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

I hereby certify that this document, namely the above-identified **Patent Application** is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated below and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

"Express Mail" mailing label number EK307997385US

Date of Deposit

July 24, 2000

Respectfully submitted,

Date:

July 24, 2000

Samuel W. Apicelli

Samuel W. Apicelli, Esq.

Registration No. 36427

Customer Number 08933

Duane, Morris & Heckscher LLP

305 North Front Street, P.O. Box 1003

Harrisburg, PA 17108-1003

Telephone: (717) 237-5516

Docket No: D4857-00006

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Cathy Ilyse Hess

Serial No: Not yet known

Examiner: Not yet known

Filed: Herewith

Group Art Unit: Not yet known

For: CLINICAL WOUND MANAGER AND METHOD

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

VERIFIED STATEMENT CLAIMING

SMALL BUSINESS ENTITY STATUS - INDEPENDENT INVENTOR

I, Cathy Ilyse Hess, a citizen of the United States and residing at 4080 Deer Run Court, Harrisburg, PA 17112-1072, as the inventor named in the above-identified application, hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for the purposes of paying reduced fees under Title 35, United States Code, Sections 41(a) and (b), to the United States Patent and Trademark Office with regard to the invention described and claimed in the above-identified U.S. Patent Application; that I have not assigned, granted, conveyed or licensed, nor based upon information and belief am I under any obligation under contract or law to assign, grant, license or convey any rights in said invention to any person who could not likewise be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization as defined in 37 CFR 1.9(d) and (e), respectively.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, Section 1001, and that such willful false statements may jeopardize the validity of the above-identified application, any patent issuing thereon, or any patent to which this verified statement is directed.

Date: 7/24/00

By: Cathy Ilyse Hess
Cathy Ilyse Hess

Docket No. D4857-00006